

**EXHIBIT 10**

**ACCIDENT REPORT**

Use Ball Point Pen to Complete. Press Here

Carefully read instructions in the attached booklet. Items marked with an asterisk (\*) must be answered using codes in the attached booklet.

U.S. POSTAL SERVICE

## ACCIDENT REPORT

1. Post Office, Station, Branch, Unit (City, State and Zip + 4)

Southern MD GMF  
50. Md. P+DC  
9201 Edgeworth Drive  
Cap. Hgts., Md. 20790-9998

2. Finance Number

237481

3. Installation ID

EQ16

4. Accident Number

080041

## General Information

5. Kind of Accident

1. ☐ Motor Vehicle  
2. ☐ Natural Event  
3. ☒ Industrial  
4. ☐ Other

6. Fire Involved?

1. ☒ No  
2. ☐ Building & Contents  
3. ☐ Other

7. Accident Resulted in:

1. ☒ Personal Injury Only  
2. ☐ Property Damage Only  
3. ☐ Personal Injury & Property Damage  
4. ☐ No Case (No Injury/No Damage)

8. Was On-Site Investigation conducted by Immediate Supervisor?

1. ☒ Yes 2. ☐ No

9. Ownership of Damaged Property

- a. Postal b. Non-Postal  
. . . . .

10. Estimated Property Damage (round to nearest dollar)

- a. Postal b. Non-Postal  
\$ . . . . . \$ . . . . .

11. Accident Date

Mo. Day Yr.  
12 03 07

12. Time of Day-24 Hour Military

2040

13. Day of Week

1. ☐ Sun 2. ☒ Mon 3. ☐ Tues 4. ☐ Wed  
5. ☐ Thurs 6. ☐ Fri 7. ☐ Sat

## Accident Location and Conditions

14. Weather

9

15. General Description of Accident Area

9

16. Building

08

Where Did Accident Happen?

08

17. Work Location

49

18. Specific Description of Accident Area

9

19. Rte/Sched/Op. No.

19a. Delivery Route  
19b. Emp. Op. No.  
218

20. Light

03

21. Surface

01

22. Surface Conditions

01

23. Circumstances Leading to Injury or Damage

152

24. Item Causing Actual Injury or Damage

050

25. Hazardous Situation Directly Related to Accident

97  
98

26. Defective or Hazardous Equipment or Material Related to the Accident

98

## Motor Vehicle Accident Information

(If no vehicle was involved in the accident, skip this section) (Items 28, 35 + 36 are reserved)

27. Total No. of Vehicles Involved

0

28. (Reserved)

29. Vehicle Type

.

30. Vehicle Path

.

31. Were Seat Belts in Use?

1. ☐ Yes  
2. ☐ No

32. Roll Over

1. ☐ Without Collision  
2. ☐ Before Collision  
3. ☐ After Collision  
4. ☐ No Roll Over

33. Employee Ejected from Vehicle

1. ☐ Partial  
2. ☐ Complete  
3. ☐ Not Ejected

34. Area of Impact

.

## Involved Person(s) Information

37. Total No. of Accident Reports

02

38. Person I.D. No.

02

39. If Vehicle Accident Person Described Here Was:

1. ☐ Pedestrian  
2. ☐ Driver  
3. ☐ Passenger

40. Name (Last Name, First, MI)

Customer  
Dudley, Larry

41. Age

48

42. Sex

1. ☒ Male  
2. ☐ Female

43. Des. &amp; Activ.

001

44. Injury/Illness Severity

4

45. Nature of Most Severe Injury

11

46. Part of Body Affected

49

47. Unsafe Personal Factors

49

48. Unsafe Practice

88

49. Social Security No. (Employee Only)

999 99 9999  
599-88-6210

50. Was Employee on Overtime Status?

1. ☐ Yes 2. ☐ No

51. Postal Service Experience

Years Mos.  
. . . . .

52. Hours of Safety Training

.

53. Five Year Postal Accident Record

No. Prior Vehicle Accidents No. Prior Industrial Accidents  
. . . . .

54. Pay Location

.

55. LDC/FON Code

.

## Accident Factor(s) &amp; Corrective Actions on Pages 1 &amp; 2 of Form Have Been Reviewed &amp; Are Concurred With.

56. Supervisor's Signature

Date 12-3-07

Date

12-3-07

Supervisor's SSN

218-96-0415

57. Next Higher Level Mgr. Signature

Date 12-3-07

Date

12-3-07

58. Supervisor's Printed Name

Marianne R. Baston

Telephone No.

301-4997719

59. MSC Safety Officer's Signature

Date 12/10/07

Date

12/10/07



60. Is a JSA on File?

1. ☐ Yes2. ☒ No

61. Preventive Action

Accident  
Number

080041

(Explain how the preventive action will eliminate or reduce cause(s) and prevent similar accidents)

## Narrative/Complete Description of Accident

(Describe accident, events leading to accident, causes of injury or damage, and specific location of accident—Provide the who, what, when, where, why, and how of this accident)

On 12/3/07 at approximately 2040, Larry Dudley who is a BMEU customer was placing a skid mail on the floor with a hand jack. As he moved the mail to the scale, he then proceeded to drop the mail on the scale and return the hand jack to the BMEU entrance. In the process of turning left, James Lyons was backing his fork lift and backed into Mr. Dudley striking him in his right, lower extremities.

## Hospital/Physician Information

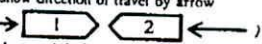





Hospital/Physician Name Doctor's Comm. Hosp.	Address 8118 Good Luck Road	Area Code & Telephone No. 301-552-8665
Treatment Date 12-3-07	Diagnosis Contusion to lower right extremities	Duty Status

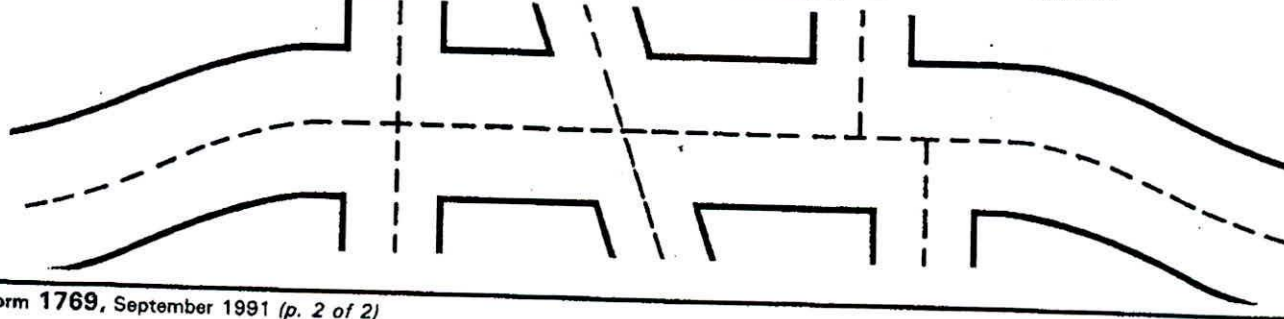
## Hazardous Conditions and/or Equipment, Materials, Etc.

(Specify equipment with manufacturer name, model no., serial no., and year made. Where applicable, include vehicle ID no.)

## Vehicle Diagram (For use in motor vehicle accidents)

(Indicate on the diagram below what happened. NOTE: Vehicle driven by postal employee is identified as Federal No. 1 regardless of ownership)

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow  
(Example: )
2. Use solid line to show path before accident  
Broken line after accident 
3. Show pedestrian by 
4. Show railroad by 
5. Give names or numbers of streets or highways
6. Indicate north by arrow in this circle 
7. Show point of impact by 
8. Indicate skid marks & lengths
9. Indicate type & path of ejection
10. Traffic controls (signals, sign, officer, etc.)
11. Show width of roadway, traffic flow, parked vehicles, etc.





Use Ball Point Pen to Complete. Press H

U.S. POSTAL SERVICE

## ACCIDENT REPORT

Post Office, Station, Branch, Unit (City, State and Zip + 4)

2. Finance Number

3. Installation ID

Southern Maryland BNF

23748L

EQ16

So. Md. P&amp;DC

9201 Edgeworth Drive Cap. Hgts., Md.

4. Accident Number

080041

## General Information

5. Kind of Accident

1. ☐ Motor Vehicle  
2. ☐ Natural Event  
3. ☐ Industrial  
4. ☐ Other

6. Fire Involved?

1. ☐ No  
2. ☐ Building & Contents  
3. ☐ Other

7. Accident Resulted in:

1. ☐ Personal Injury Only  
2. ☐ Property Damage Only  
3. ☐ Personal Injury & Property Damage  
4. ☐ No Case (No Injury/No Damage)

8. Was On-Site Investigation conducted by Immediate Supervisor?

1. ☒ Yes 2. ☐ No

9. Ownership of Damaged Property

- a. Postal b. Non-Postal

10. Estimated Property Damage (round to nearest dollar)

- a. Postal b. Non-Postal

11. Accident Date

Mo. Day Yr.

12.03.07

12. Time of Day-24 Hour Military

2040

13. Day of Week

1. ☐ Sun 2. ☒ Mon 3. ☐ Tues 4. ☐ Wed  
5. ☐ Thurs 6. ☐ Fri 7. ☐ Sat

## Accident Location and Conditions

14. Weather

.9

21. Surface

.D1

22. Surface Conditions

.D1

23. Circumstances Leading to Injury or Damage

.800

24. Item Causing Actual Injury or Damage

.D50

25. Hazardous Situation Directly Related to Accident

.97

26. Defective or Hazardous Equipment or Material Related to the Accident

.98

27. Total No. of Vehicles Involved

.02

28. Person I.D. No.

.D1

29. Vehicle Type

.D1

30. Vehicle Path

.D1

31. Were Seat Belts in Use?

1. ☐ Yes 2. ☐ No

32. Roll Over

1. ☐ Without Collision 2. ☐ Before Collision 3. ☐ After Collision 4. ☐ No Roll Over

33. Employee Ejected from Vehicle

1. ☐ Partial 2. ☐ Complete 3. ☐ Not Ejected

34. Area of Impact

.D3

## Motor Vehicle Accident Information

(If no vehicle was involved in the accident, skip this section) (Items 28, 35 + 36 are reserved)

## Involved Person(s) Information

37. Total No. of Accident Reports

.02

38. Person I.D. No.

.D1

39. If Vehicle Accident Person Described Here Was:

1. ☐ Pedestrian  
2. ☐ Driver  
3. ☐ Passenger

40. Name (Last Name, First, MI)

LYON, James W

41. Age

.01

42. Sex

1. ☒ Male 2. ☐ Female

43. Des. &amp; Activ.

.U20

44. Injury/Illness Severity

.0

45. Nature of Most Severe Injury

.DD

46. Part of Body Affected

.DD

47. Unsafe Personal Factors

.D1

48. Unsafe Practice

.A3

49. Social Security No. (Employee Only)

228-86-2038

50. Was Employee on Overtime Status?

1. ☐ Yes 2. ☒ No

51. Postal Service Experience

Years Mos.

28 08

52. Hours of Safety Training

80

53. Five Year Postal Accident Record

No. Prior Vehicle Accidents No. Prior Industrial Accidents

DD DD

54. Pay Location

753

55. LDC/FON Code

17 DD

## Accident Factor(s) &amp; Corrective Actions on Pages 1 &amp; 2 of Form Have Been Reviewed &amp; Are Concurred With.

56. Supervisor's Signature

Margarita R. Barton

Date

12-3-07

Supervisor's SSN

578-16-2415

57. Next Higher Level Mgr. Signature

Shawn

Date

12/3/07

58. Supervisor's Printed Name

Margarita R. Barton

Telephone No.

3499-7718

59. MSC Safety Officer's Signature

Dea

Date

12/10/07



60. Is a JSA on File?

1. ☒ Yes2. ☐ No

61. Preventive Action

☒ 1Accident  
Number

080041

(Explain how the preventive action will eliminate or reduce cause(s) and prevent similar accidents)

It will establish Proper Job Procedures for the task.  
and Motivate Employees to Properly Perform task.

## Narrative/Complete Description of Accident

(Describe accident, events leading to accident, causes of injury or damage, and specific location of accident—Provide the who, what, when, where, why, and how of this accident)

On 12-3-07 at approximately 2040. Larry Dudley who is a BMEU Eastman was placing a skid off mail on the floor with a hand jack. When he proceeded to drop the mail on the scale and return the hand jack along the wall separating BMEU from Doorway 3. As he turned left James Lyons was backing his fork lift and backed up to Mr. Dudley.

## Hospital/Physician Information

Hospital/Physician Name	Address	Area Code & Telephone No.
Treatment Date	Diagnosis	Duty Status

## Hazardous Conditions and/or Equipment, Materials, Etc.

(Specify equipment with manufacturer name, model no., serial no., and year made. Where applicable, include vehicle ID no.)

## Vehicle Diagram (For use in motor vehicle accidents)





(Indicate on the diagram below what happened. NOTE: Vehicle driven by postal employee is identified as Federal No. 1 regardless of ownership)

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(Example: → 1 ← 2 ← 3)

2. Use solid line to show path before accident

Broken line after accident

3. Show pedestrian by 
4. Show railroad by 
5. Give names or numbers of streets or highways
6. Indicate north by arrow in this circle 
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8. Indicate skid marks & lengths
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